

<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">A</div> <div> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>            (FOR USE WITH FORM PTO-875)         </div> </div>							SERIAL NO. <div style="font-size: 1.5em;">10/063980</div>		FILING DATE	
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1								51		
2								52		
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47								97		
48								98		
49								99		
50								100		
TOTAL IND.								TOTAL IND.		
TOTAL DEP.								TOTAL DEP.		
TOTAL CLAIMS								TOTAL CLAIMS		

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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